



Blueprint for Action: Steps Toward a High-Quality, High-Value Maternity Care System

Louisiana Perinatal Care
Improvement Summit

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Childbirth Connection

- Mission is to improve the quality of maternity care through consumer engagement and health system transformation.

Evidence-Practice Gap in Maternity Care

Much of the care women receive is not consistent with the best evidence despite unprecedented body of comparative effectiveness research to guide policy, practice, and quality improvement

Maternity Care is Procedure-Intensive and Costly

Milbank Report, *Evidence-Based Maternity Care* (2008)

Deficiencies include:

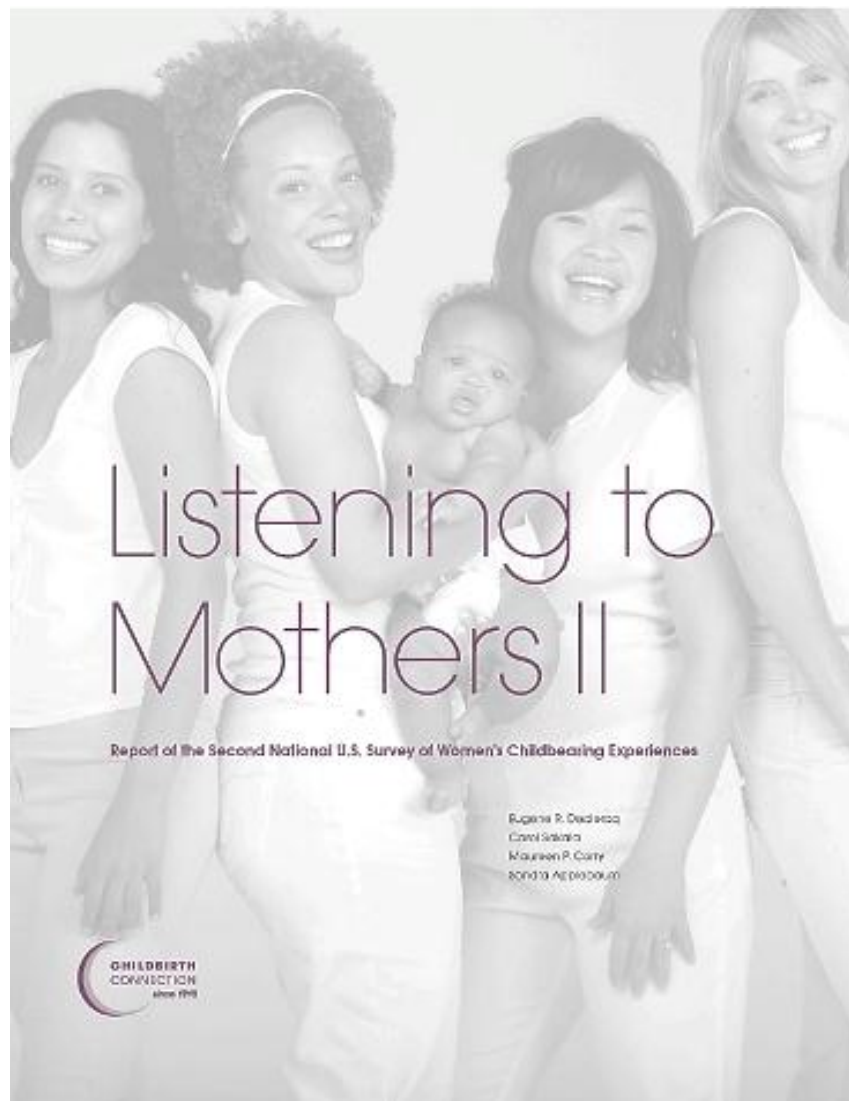
- **Overuse** of many practices that entail harm and waste for mothers, babies, and the system at large, (e.g. cesarean section, elective induction)
- **Underuse** of effective, high-value practices that would improve outcomes, (smoking cessation, vaginal birth after cesarean)
- **Broad variations in care**, outcomes, and costs unwarranted by health status or women's preferences

Healthy Childbearing Women

- Great majority of pregnant women in the U.S. are well and healthy and enter labor at “low risk” for problems
- Maternity care system often treats pregnancy and birth in healthy women as medical conditions or disease states, rather than normal life processes
- Limited attention given to ensuring that millions of healthy women receive appropriate care

Maternity Care Variations

- In 2007, cesarean rates ranged from less than 25% in AK, ID, NM, and UT, to over 35% in FL, LA, MI, NJ, and WV
- Leapfrog Group hospital survey data from 773 hospitals showed significant variation on rates of elective delivery before 39 completed weeks gestation; some hospitals have ten times rate of others: in Los Angeles, rates varied from 4% to 29%



www.childbirthconnection.org/listeningtomothers/

Listening to Mothers II: Selected Survey Results

- Mothers wanted to know every or most complications before consenting to induction (97%) and cesarean (98%), but majority of women did not identify correct response on adverse effects of either intervention
- 45% of mothers with previous cesarean were interested in option of VBAC, but 57% of those denied option due to caregiver (45%) or hospital unwillingness (22%)
- Mothers felt pressure from a health professional to have induction (17% with induction) and cesarean (25% with cesarean)

How Do We Reliably Deliver the Right Maternity Care at the Right Time?

- “The definition of insanity is continuing to do the same thing over and over again and expecting a different result.” --Albert Einstein

**The solution is to change the system in
which maternity care is delivered**

Transforming Maternity Care Project

- Multi-year collaboration with more than 100 maternity care leaders from across health care system
- Consider best evidence about safe and effective care and about quality improvement
- Open, transparent group process to reach consensus through discourse
- Two direction-setting papers:
“2020 Vision” and “Blueprint for Action”

Transforming Maternity Care

2020 Vision for a High-Quality, High-Value Maternity Care System

- Fundamental values and principles that apply across the whole continuum of maternity care
- Goals for each phase and for providers and settings for maternity care
- Attributes of the larger system that can reliably provide high quality, high value care to all childbearing women, their newborns and families

2020 Vision for a High Quality, High Value Maternity Care System

Fundamental Values and Principles

6 Aims, adapted Institute of Medicine definitions of quality:

- Woman-Centered
- Safe
- Effective
- Timely
- Efficient
- Equitable

2020 Vision for a High-Quality, High-Value Maternity Care System

Further Foundational Values & Principles for Maternity Care

- Life-changing experience
- Care processes protect, promote, and support physiologic birth
- Care is evidence-based
- Quality is measured, performance is disclosed

Physiologic Birth

- Women and their fetuses/ newborns share complex innate, mutually regulating, hormonally driven processes that constitute the biological foundation for childbearing.
- These physiologic neuroendocrine feedback mechanisms facilitate the period from the onset of labor through birth of the baby and placenta, as well as the establishment and continuation of breastfeeding and the development of mother baby attachment.
- These processes confer physical, psychological, and social benefits. The complex hormonal orchestration of the process of parturition taken in its entirety constitutes physiologic childbirth.

Physiologic Birth

To this end, all providers of maternity care recognize, protect, promote, and support physiologic childbirth;

- respond appropriately to complications; and receive adequate training to do both.
- protection of physiologic childbearing involves avoiding disruption and interference (e.g., unnecessary interventions, noise, personnel), promotion involves the health system (e.g., research, education, measurement, policies, values)
- support involves skillful facilitation (e.g., comfort measures, encouragement, supportive care)

2020 Vision for a High-Quality, High-Value Maternity Care System

Further Foundational Values & Principles for Maternity Care

- Care includes support for decision making and choice
- Care is coordinated
- Caregiver satisfaction and fulfillment is a core value

2020 Vision for a High-Quality, High-Value Maternity Care System

Levels A & B:

Women and their Support Networks, and Microsystems that Provide Direct Care

- Care During Pregnancy
- Care Around the Time of Pregnancy
- Care After Giving Birth
- Key Participants
- Care Settings

2020 Vision for a High-Quality, High Value Maternity Care System

Level C: Health Care Organizations

Envisioning system attributes that:

- Strengthen the structure of the care delivery system
- Strengthen the maternity care workforce
- Foster high-quality maternity care
- Provide woman- and family-centered care

2020 Vision for a High-Quality, High-Value Maternity Care System

Level D: The Macro Environment of Care

Envisioning system attributes that:

- Strengthen performance measurement
- Improve the functionality of payment systems
- Strengthen professional education and guidance
- Close priority gaps in research
- Improve the functioning of the liability system
- Pursue other strategies for fostering reliable delivery of high-quality maternity care

Transforming Maternity Care

Blueprint for Action: Steps Toward a High-Quality, High-Value Maternity Care System

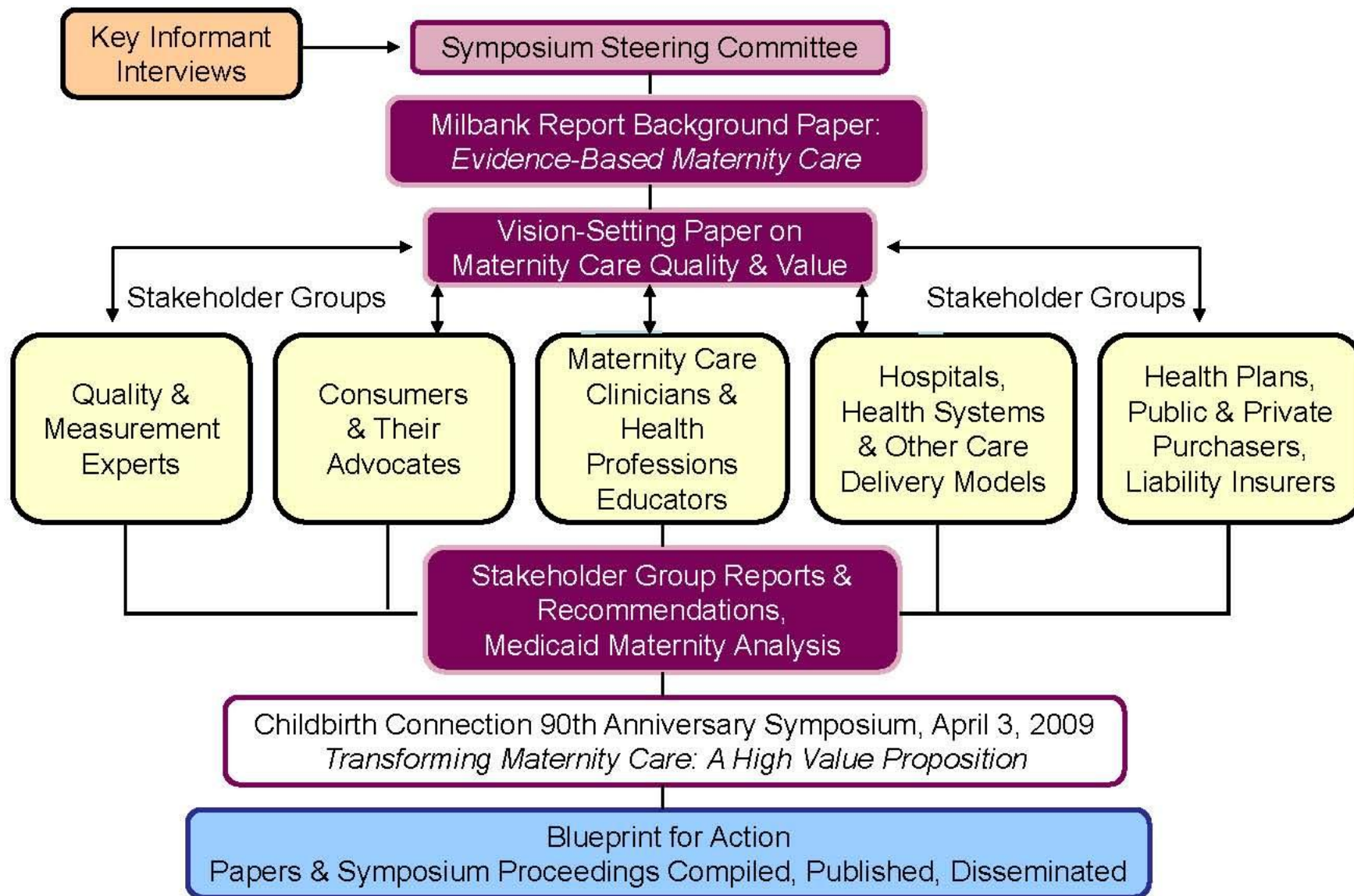
‘ ‘Who needs to do what, to, for, and with whom to improve the quality of maternity care over the next five years?’ ’

Blueprint for Action: Steps Toward a High-Quality, High- Value Maternity Care System

- Five stakeholder workgroups developed detailed sector-specific reports
- Actionable strategies in 11 critical focus areas
- Synthesized into a comprehensive Blueprint for Action by the Symposium Steering Committee
- Full stakeholder reports are published online at:
www.transform.childbirthconnection.org/

Transforming Maternity Care: A High Value Proposition

Childbirth Connection 90th Anniversary Symposium





Louisiana Birth Outcomes Initiative Priorities Relevant to Blueprint

- Performance measurement and leveraging results: **data and measurement**
- Clinical controversies: **patient safety and quality with focus on preventing elective induction and cesarean section without medical indication**
- Disparities in access and outcomes: **health disparities and behavioral health**
- Coordination of maternity care: **care coordination**
- Development and use of health information technology

Selected Blueprint Recommendations of Special Relevance to Performance Measurement and Leveraging Results and Clinical Controversies

Performance Measurement and Leveraging Results

1. Fill gaps to attain comprehensive set of high-quality national consensus measures at all levels: clinician, clinician group, facility, health plan, ACO, for:
 - Process, outcomes, and value of care: develop measures for VBAC, spontaneous vaginal birth in low-risk women, preconception, postpartum and interconception care, care coordination, shared decision making
 - Experiences of women and families – adapt CAHPS survey for maternity care

Progress in Filling Measure Gaps

2008 National Quality Forum Consensus Standards for Perinatal Care: endorsed 17 measures

- Episiotomy rate
- Elective delivery before 39 completed weeks
- Cesarean rate for low-risk first births
- Prophylactic antibiotics for cesarean birth
- DVT prophylaxis for women having cesarean birth
- Exclusive breastfeeding at hospital discharge
- Birth trauma rate

Progress in Filling Measure Gaps

- Joint Commission Perinatal Core Measure Set:
- Elective delivery prior to 39 weeks, cesarean rate for low-risk first birth mothers, exclusive breastfeeding
- NQF Perinatal and Reproductive Health Endorsement Maintenance Project, 2011
- AMA Physician Consortium for Performance Improvement, 2011
- Health IT Meaningful Use Performance Measures

Progress in Filling Measure Gaps

Recommended to Secretary of HHS:

- CHIPRA Child Health Measures: Cesarean rate for low-risk women
- Medicaid Adult Quality Measures: Elective delivery before 39 completed weeks gestation

Clinical Controversies

(Home birth, vaginal birth after cesarean, vaginal breech and twin birth, elective induction and cesarean section)

1. Align practice patterns and views of maternity caregivers and consumers with best current evidence about controversial clinical scenarios and ebmc generally
2. At clinical microsystem and health care organization levels, implement policies/practices that foster safe physiologic childbirth and decrease use of elective procedures/interventions
3. Macro environmental level, institute legislative and policy initiatives, payment incentives, and liability protections to foster access to a full range of evidence-based options for labor and birth

“How to Stop the Relentless Rise in Cesarean Deliveries”

“The rising cesarean rate is a threat to the profession and there’s no time for complacency.” John Queenan, MD

He offers two “complex” solutions:

“make VBAC more accessible and more desirable” and “prevent primary deliveries in the first place.”

“How to Stop the Relentless Rise in Cesarean Deliveries”

He offers many specific strategies, among them:

- Implementing hospital quality improvement programs
- Increasing utilization of midwives
- Addressing problems in the liability system
- Improving shared decision making

All of the great leaders have had one characteristic in common: it was the willingness to confront unequivocally the major anxiety of their people in their time. This, and not much else, is the essence of leadership.

- John Kenneth Galbraith

Childbirth Connection Consumer Education Resources

- Women need access to full, accurate and complete evidence-based information on harms and benefits of: elective induction and cesarean section before 39 weeks, and at 40 or 41 weeks without a clear medical reason
childbirthconnection.org/induction



Transforming Maternity Care

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A high-quality, high-value maternity care system is within reach. Be part of the transformation!

VISION

BLUEPRINT

ACTION

PROGRESS

RESOURCES

Data center

Quality improvement toolkits

Quality and safety courses

Quality collaboratives

Resources by Blueprint area

Bibliography for leading change

RESOURCES

The following resources can help foster broader implementation of the *Transforming Maternity Care Blueprint for Action*.

- **Data Center** – offers access to multiple data sources for quality improvement
- **Quality Improvement Toolkits** – a clearinghouse of actionable resources for implementing evidence-based quality improvement strategies in hospitals, birth centers, or clinician practices
- **Quality and Safety Courses** – a list of courses designed to enhance and maintain skills necessary for providing safe maternal and newborn care
- **Quality Collaboratives** – a list of all known quality organizations focused on maternal or perinatal quality
- **Resources by Blueprint Area** – reports of quality improvement efforts and background materials for each of the 11 focal areas addressed in the *Transforming Maternity Care Blueprint for Action*.
- **Bibliography for Leading Change** – an extensive list of articles about quality improvement approaches and strategies



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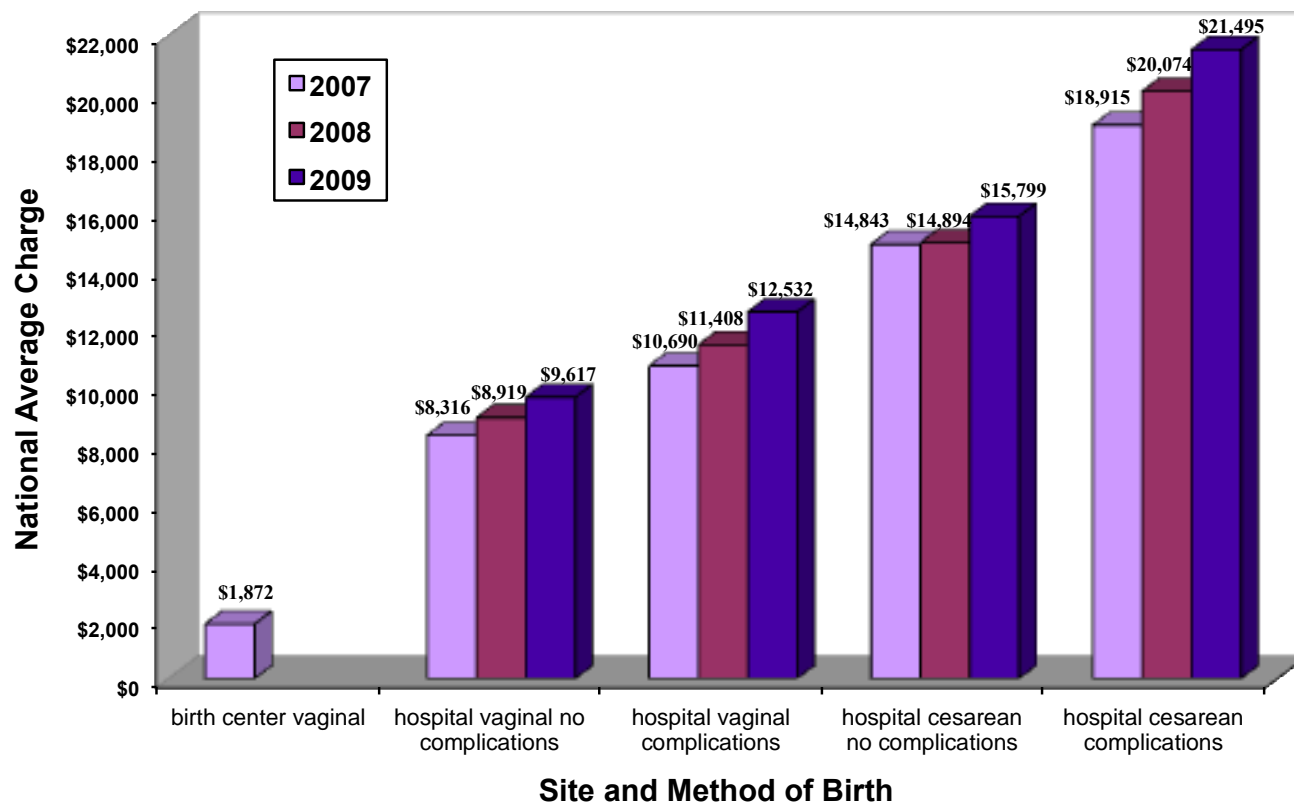
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Opportunities to Improve Quality and Reduce Costs

Average Facility Labor and Birth Charge By Site and Method of Birth, United States, 2007-2009



Sources: AHRQ. HCUPnet, Healthcare Cost and Utilization Project, <http://hcupnet.ahrq.gov/>
American Association of Birth Centers, Uniform Data Set, PA: AABC, 2007.



Best available evidence and high performing facilities and providers show that rapid gains in maternity care quality, value and outcomes are within reach.

Thank You!

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